

DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF RADIATION CONTROL
X-ray Radiation Safety Inspection Summary

Facility_____

Registration No._____ Date_____

Inspector_____

Facility Contact_____

General Radiation Safety

Rules available? ☐ Yes ☐ No

DRC-04 posted? ☐ Yes ☐ No

Area posted? ☐ Yes ☐ No

Radiation safety program developed
and implemented? ☐ Yes ☐ No

Record of provisions of the program
maintained? ☐ Yes ☐ No

Radiation safety audit (12 months)? ☐ Yes ☐ No

Radiation levels permissible? ☐ Yes ☐ No

Records maintained? ☐ Yes ☐ No

Personnel dosimetry provided? ☐ Yes ☐ No ☐ NA

Pregnant worker? ☐ Yes ☐ No ☐ NA

Results and records compliant? ☐ Yes ☐ No

The facility is compliant with the
general and administrative
requirements of R313-28-31? ☐ Yes ☐ No

Operator competency
All operators are licenced? ☐ Yes ☐ No ☐ NA

Training documents maintained? ☐ Yes ☐ No

Patient dose minimized? ☐ Yes ☐ No

For hospitals, check all areas inspected

Diagnostic Radiology____ Surgery____ Cardiology____ GI____ Urology____ Other_____

X-ray Unit Evaluation

Attach the registrant's *Certificate of X-ray Machine Registration* as Exhibit A and place a check mark () next to each system that was evaluated. If the X-ray system is not on the registration form, add it to the registration certificate.

Equipment is maintained? ☐ Yes ☐ No

Each X-ray unit was evaluated by use of the applicable DRC guidance document? ☐ Yes ☐ No

*If No, identify the X-ray unit and explain why it was not evaluated as per the
guidance (use the back of this form to record your explanation).*

Inspection Summary

Is the facility compliant? ☐ Yes ☐ No

If no, attach the information required by R313-16-293(2)(i) as Exhibit B.

I certify that the information provided for this inspection report is truthful, accurate, and complete. I understand that any false information may subject me to penalties of law.

Signature

Date